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## SECTION 19—PROCEDURE CODES

Procedure codes used by Medicaid are identified as HCPCS codes (Health Care Financing Administration's [HCFA] Common Procedure Coding System). HCPCS codes consist of Level I codes (those found in the *Physicians' Current Procedural Terminology—CPT*), and Level II and Level III codes *not* found in CPT, but assigned by HCFA according to need.

Following are procedure codes used to bill DMH Home and Community Based Waiver Services to Missouri Medicaid. Procedure codes listed under the column "Medicaid Code" are reflected on the provider's Medicaid Remittance Advice (RA). Codes listed under the column "DMH Code" are internal codes used by the Department of Mental Health. DMH codes are used on the Individualized Plan of Care (IPC) when services are authorized, but are converted to the corresponding Medicaid code for billing purposes.

Reimbursement for MRDD Medicaid Home and Community Based Waiver Services is made at the provider's rate as established by their Home and Community Based Waiver contract with the Department of Mental Health.

NOTE: Services such as residential habilitation and day habilitation may have more than one DMH code due to varying staffing requirements, to designate individual versus group settings, etc. Contact the regional center for clarification if a DMH code is authorized but is *not* listed below.

### 19.1 PROCEDURE CODES

Medicaid Procedure Code <u>As of Dates of Service 7/1/06</u>			SERVICE DESCRIPTION	MAXIMUM UNITS (All Three Waivers)	Annual Limit (CS WV Combined Limit \$22,000)
Community Support (CS WV)	Lopez WV	Comprehensive WV			
N/A	N/A	T2016HIHQ	Intensive Residential Habilitation	1/day	N/A
N/A	N/A	T2016HIHQ	Residential Habilitation	1/day	N/A
N/A	N/A	T2016HIHQ	Residential Habilitation II	1/day	N/A
N/A	N/A	T2016HIHQ	Residential Habilitation III	1/day	N/A
N/A	N/A	T2016HI	Individualized Supported Living	1/day	N/A
T2021U1HQ	T2021HIHQ	T2021HIHQ	Day Habilitation - On-Site, Grp.	32 (1/4hr)/day	N/A
T2021U1	T2021HI	T2021HI	Day Habilitation - On -Site, Ind.	32 (1/4hr)/day	N/A
T2021U1HQSE	T2021HIHQSE	T2021HIHQSE	Day Habilitation - Off-Site, Grp.	32 (1/4hr)/day	N/A
T2021U1SE	T2021HISE	T2021HISE	Day Habilitation – Off-Site, Ind.	48 (1/4hr)/day	N/A

Medicaid Procedure Code			SERVICE DESCRIPTION	MAXIMUM UNITS (All Three Waivers)	Annual Limit (CS WV Combined Limit \$22,000)
Community Support (CS WV)	Lopez WV	Comprehensive WV			
97110U1	N/A	97110HI	Physical Therapy	8 (1/4hr)/day	N/A
97110U1	N/A	97110HI	Physical Therapy (Cons.)	8 (1/4hr)/day	N/A
97535U1	N/A	97535HI	Occupational Therapy	8 (1/4hr)/day	N/A
97535U1	N/A	97535HI	Occupational Therapy (Cons.)	8 (1/4hr)/day	N/A
97535U1	N/A	97535HI	Occupational Therapy COTA	8 (1/4hr)/day	N/A
92507U1	N/A	92507HI	Speech Therapy	8 (1/4hr)/day	N/A
92507U1	N/A	92507HI	Speech Therapy (Cons.)	8 (1/4hr)/day	N/A
H0004U1	H0004HI	H0004HI	Behavior Therapy	32 (1/4hr)/day	N/A
H0004U1	H0004HI	H0004HI	Behavior Therapy (Cons.)	32 (1/4hr)/day	N/A
S5151U1	S5151HI	S5151HI	Respite Care, In-Home, Day	1 (24hrs)/day	N/A
S5151U1U2		S5151HIU2	Respite Care, In-Home, Day, Consumer Directed	1 (24hrs)/day	N/A
S5150U1	S5150HI	S5150HI	Respite Care, In-Home, —Ind.	40(1/4hr)/day	N/A
S5150U1U2		S5150HIU2	Respite Care, In-Home, Ind, Consumer Directed	40(1/4hr)/day	N/A
S5150U1HQ	S5150HIHQ	S5150HIHQ	Respite Care, In-Home, —Grp.	40 (1/4hr)/day	N/A
H0045U1	H0045HI	H0045HI	Respite, Out of Home	1 (24hrs)/day	N/A
A0120U1	A0120HI	A0120HI	Transportation	1/month	N/A
A0120U1	A0120HI	A0120HI	Transportation, Ambulatory, Sm. Grp.	1/month	N/A
A0120U1	A0120HI	A0120HI	Transportation, Ambulatory, Lg. Grp.	1/month	N/A
A0120U1	A0120HI	A0120HI	Transportation, Ambulatory Attd Sm Grp	1/month	N/A
A0120U1	A0120HI	A0120HI	Transportation, Ambulatory Attd Lg Grp	1/month	N/A
A0120U1	A0120HI	A0120HI	Transportation Non-Ambulatory Sm. Grp	1/month	N/A
A0120U1	A0120HI	A0120HI	Transportation Non-Ambulatory Lg. Grp.	1/month	N/A
N/A	N/A	A0120HI	Transportation, ISL Individual	1/month	N/A

Medicaid Procedure Code			SERVICE DESCRIPTION	MAXIMUM UNITS (All Three Waivers)	Annual Limit (CS WV Combined Limit \$22,000)
Community Support (CS WV)	Lopez WV	Compre- hensive WV			
S5165U1	S5165HI	S5165HI	Environmental Accessibility Adaptations (Home Modification)	1 unit/item	\$5,000
T2029U1	T2029HI	T2029HI	Specialized Medical Equipment and Supplies (Adaptive Equipment)	1 unit/item	\$5,000
H2023U1	N/A	H2023HI	Supported Employment—Ind.	32 (1/4hr)/day	N/A
H2023U1HQ	N/A	H2023HIHQ	Supported Employment—Grp.	32 (1/4hr)/day	N/A
T1019U1U2	T1019HIU2	T1019HIU2	Personal Assistant, Ind., Consumer Directed	96 (1/4hr)/day	N/A
T1019U1	T1019HI	T1019HI	Personal Assistant, Agency/Contractor	96 (1/4hr)/day	N/A
T1019U1HQ	T1019HIHQ	T1019HIHQ	Personal Assistant, Agency—Grp.	96 (1/4hr)/day	N/A
T1019U1HQ		T1019HIHQ	Personal Assistant, Group Size 4-6	96 (1/4hr)/day	N/A
T1019U1TG	T1019HITG	T1019HITG	Personal Assistant, Medical/ Behav., Agency/Contractor	96 (1/4hr)/day	N/A
T1019U1TG (SE)	T1019HITG (SE)	T1019HITG (SE)	Personal Assistant, Medical/Behav, Consumer Directed	96 (1/4hr)/day	N/A
S9484U1	S9484HI	S9484HI	Crisis Intervention, Professional	24 (1 hr)/day	N/A
S9484U1HM	S9484HIHM	S9484HIHM	Crisis Intervention, Technician	24 (1 hr)/day	N/A
T1016U1	T1016HI	T1016HI	Community Specialist	96 (1/4hr)/day	N/A
T1016U1U2		T1016HIU2	Community Specialist, Consumer Directed	96 (1/4hr)/day	N/A
H2014U1	N/A	H2014HI	Communication Skills Instruction	32 (1/4hr)/day	N/A
H0004U1TG	N/A	H0004HITG	Counseling	32 (1/4hr)/day	N/A
N/A	N/A	T2038HI	Transition	1 unit/item	\$3,000
T2041U1U2	N/A	T2041HIU2	Support Broker, IND, Consumer Directed	32 (1/4hr)/day	N/A
T2041U1		T2041HI	Support Broker, Agency Contractor	32 (1/4hr)/day	N/A

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NOTE: The type of service code for an MRDD Waiver claim submitted to Medicaid is “9.”

## **19.2 PLACE OF SERVICE**

As the billing agent for DMRDD Waiver providers, the place of service code is entered by DMH during the billing process. The place of service code *must* be one of the following:

**11—Office**

**12—Home**

**99—Other Unlisted Facility**

**END OF SECTION**

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